

BSCPXX Forms (Developed for P232)

The following forms are in this BSCP:

- BSCPXX/01 Black Start Claim Form
- BSCPXX/02 Fuel Security Event Claim Form
- BSCPXX/03 Request for Black Start or Fuel Security Event Claim Time Extension
(*Alternative Modification Only*)

There is a check box at the bottom of BSCPXX/01 and BSCPXX/02 which would be included in the *Proposed Modification* only.

Black Start Claim Form (BSCPXX/01)

<div style="border: 1px solid black; padding: 2px; display: inline-block;">BSCPXX/01</div>	<h2 style="margin: 0;">Black Start Claim Form</h2>	<div style="border: 1px solid black; padding: 2px;"> Black Start Claim Number: <i>BSCCo Use only</i> </div> <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div>																		
<p><i>(Form completed by Claimant)</i></p> <p>Claimant (name): _____ Date Raised: ____/____/____</p> <p>Company Name / Lead Party BMU ID / Role: _____</p> <p>Address: _____</p> <p>Telephone: _____ Fax: _____ Email: _____</p>																				
<p>Director's Certification of Claim</p> <p>Authorised By: _____ Signature: _____ Date: _____</p>																				
<p>Please complete the following section as appropriate and attach additional evidence:</p> <p>Black Start Period¹ being claimed for:</p> <p>From ____/____/____ Settlement Period: ____ To ____/____/____ Settlement Period: ____</p> <p>BM Unit ID²: _____ [Site] Name: _____</p> <p>Total Amount Claimed for: £ _____</p> <p>Description of National Grid Black Start Instruction received in relation to this BM Unit ID:</p> <p>_____</p> <p>_____</p> <p>Summary of Attached Evidence: _____</p> <p>_____</p> <p>_____</p> <p>Number of Attachments: _____ Number of Pages with submission (incl this page): _____</p> <p><u>Does</u> this Claim require an Interim Payment³? (Yes/No) _____</p> <p><u>Details of Cost (supporting evidence must be provided for each Settlement Period)⁴:</u></p> <p>Total Normal Exports: _____ Exports During Period: _____ Change (in MWh): _____</p> <p>Total Normal Imports: _____ Imports During Period: _____ Change (in MWh): _____</p> <p><u>Avoidable Costs⁵ incurred during the Black Start period (evidence must be produced):</u></p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="text-align: left;">Cost Category</th> <th>Fuel</th> <th>Plant & Apparatus</th> <th>Emission</th> <th>Industry Charges</th> <th>Other Costs</th> </tr> </thead> <tbody> <tr> <td>Amount (£)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Evidence (Y/N)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Cost Category	Fuel	Plant & Apparatus	Emission	Industry Charges	Other Costs	Amount (£)						Evidence (Y/N)					
Cost Category	Fuel	Plant & Apparatus	Emission	Industry Charges	Other Costs															
Amount (£)																				
Evidence (Y/N)																				

¹ The Claim must be submitted within 20 Business Days of the end of the Black Start Period of which the claim is pertaining to ([*Alt Edition* – unless form BSCPXX/03 has been submitted and approved by the Panel]).

² A claim can only be made by the Lead Party of a BM Unit and then only if that Party has received a Black Start Instruction in relation to that BM Unit from National Grid.

³ If this claim is for an interim amount as part of an on-going Black Start Period, any amount approved cannot be claimed for as part of the final claim.

⁴ The Calculation for the “black start compensation amount” is as per Section G 3.3.2 of the BSC. Supporting evidence is required.

⁵ Avoidable Cost is a defined term under the BSC.

(Proposed Modification Only) Is an extra 60 days required to submit further evidence? (Yes/No) _____

Fuel Security Event Claim Form (BSCPXX/02)

<div style="border: 1px solid black; padding: 2px; display: inline-block;">BSCPXX/02</div>	<h3>Fuel Security Event Claim Form</h3> <p><i>(Form completed by Claimant)</i></p>	<div style="border: 1px solid black; padding: 2px;"> Fuel Security Claim Number: <i>BSCCo use only</i> </div>																																	
Claimant (name): _____ Date Raised: ____/____/____																																			
Company Name / Lead Party BMU ID / Role: _____																																			
Address: _____																																			
Telephone: _____ Fax: _____ Email: _____																																			
<p>Director's Certification of Claim</p> <p>Authorised By: _____ Signature: _____ Date: _____</p>																																			
<p>Please complete the following section as appropriate and attach additional evidence:</p> <p>Fuel Security Event Period⁶:</p> <p>From ____/____/____ Settlement Period: ____ To ____/____/____ Settlement Period: ____</p> <p>BM Unit ID⁷: _____ Site Name: _____</p> <p>Total Amount Claimed for: £ _____</p> <p>Description of Secretary of State (or National Grid) FSC Direction received in relation to this BM Unit ID:</p> <p>_____</p> <p>Summary of Attached Evidence: _____</p> <p>_____</p> <p>Number of Attachments: _____ Number of Pages with submission (incl this page): _____</p> <p>Does this Claim require an Interim Payment⁸? (Yes/No) _____</p> <p><u>Details of Exceptional Costs^{9,10} incurred during the Fuel Security Code period (evidence must be produced):</u></p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <th>Cost Category</th> <th>Fuel</th> <th>Insurance</th> <th>Financing</th> <th>Overhead</th> <th>Emission</th> </tr> <tr> <td>Amount (£)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Evidence (Y/N)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <th>Cost Category</th> <th>Damages</th> <th>Industry Charges</th> <th>Other Costs</th> <th>Total Claimed</th> </tr> <tr> <td>Amount (£)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Evidence (Y/N)</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>			Cost Category	Fuel	Insurance	Financing	Overhead	Emission	Amount (£)						Evidence (Y/N)						Cost Category	Damages	Industry Charges	Other Costs	Total Claimed	Amount (£)					Evidence (Y/N)				
Cost Category	Fuel	Insurance	Financing	Overhead	Emission																														
Amount (£)																																			
Evidence (Y/N)																																			
Cost Category	Damages	Industry Charges	Other Costs	Total Claimed																															
Amount (£)																																			
Evidence (Y/N)																																			

⁶ The Claim must be submitted within 60 Business Days of the end of the Fuel Security Event Period of which the claim is pertaining to.

⁷ A claim can only be made by the Lead Party of a BM Unit and if that Party has received a Fuel Security Code Direction in relation to that BM Unit from the Secretary of State (or National Grid acting as his agent) under the FSC.

⁸ If this claim is for an interim amount, for costs incurred to date, as part of an on-going Fuel Security Code period, any amount approved cannot be claimed for as part of the final claim.

⁹ Details of what constitutes each Cost Category for a Fuel Security event can be found in Section XX.X of this BSCP.

¹⁰ Exceptional Cost is a defined term under the Fuel Security Code.

(Proposed Modification Only) Is an extra 60 days required to submit further evidence? (Yes/No) _____

Request for Black Start or Fuel Security Event Claim Time Extension (BSCPXX/03)

BSCPXX/03

Request for Time Extension to Submit Claim

(Form completed by Claiming Party)

Claimant (name): _____ Date: ____/____/____

Company Name: _____

Address: _____

Telephone: _____ Fax: _____

Email: _____

Black Start / Fuel Security Period Details:

Period: From ____/____/____ Settlement Period ____ To ____/____/____ Settlement Period ____

BM Unit ID¹¹: _____ Site Name: _____

Description of National Grid Black Start Instruction or Fuel Security Code Direction received in relation to this BM Unit ID:

Response: _____

How much additional time (beyond the time already allowed) do you require to submit a completed claim:

Therefore by close of business on which date will you be submitting your completed claim: ____

What is the justification/evidence as to why you require this additional time to complete the submission of your claim Reason: _____

(Completed by BSCCo after recommendation by Panel)

Deadline for completed claim: _____

Claim to be Received By Date: ____/____/____ BSCCo representative: _____

¹¹ A claim can only be made by the Lead Party of a BM Unit and if that party has received a Black Start Instruction or a Fuel Security Direction in relation to that BM Unit from the National Grid or the Secretary of State under the FSC.

Panel Decision Date: ____/____/____

BSCCo signature: _____

Request for Black Start or Fuel Security Event Claim Withdrawal (BSCPXX/04)**BSCPXX/04****Request for Withdrawal of a Black Start period or a Fuel Security Code event Claim***(Form completed by Claiming Party)*

Claimant (name): _____ Date: ____/____/____

Company Name: _____

Address: _____

Telephone: _____ Fax: _____

Email: _____

Director, or Authorised Person, Approval for Withdrawal:

Authorised By: _____ Signature: _____ Date: _____

Claim Number (if known): _____ (the Details section is not necessary if Claim Number is known)Black Start / Fuel Security Period Details:

Period: From ____/____/____ Settlement Period ____ To ____/____/____ Settlement Period ____

BM Unit ID: _____ Site Name: _____

Description of National Grid Black Start Instruction or Fuel Security Code Direction received in relation to this BM Unit ID:

Response: _____

Reason for Withdrawal:

(Completed by BSCCo after recommendation by Panel)

Claim Withdrawal approved? (Yes/No): _____

Date of Withdrawal: ____/____/____ BSCCo representative: _____

Panel Decision Date: ____/____/____ BSCCo signature: _____